

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosario	CHAPTER 100.1
Address: 94-1134 Hapapa Street, Waipahu, Hawaii 96797	Inspection Date: September 14, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1,#2 – Initial TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by placing the initial TB clearance form for my Substitute Caregiver #1 and #2 in my record binder. Enclosed TB test 1 and 2.</i></p>	<p><i>11/4/20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1,#2 – Initial TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the near future, I will make sure to obtain a 2 Step TB clearance upon the start provide care or services for my residents. I will keep copy of initial TB clearance 2 step form each individual that comes to provide care or services for my residents. The paper work will be kept in my care home binder at all time.</p>	11/4/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Amlodipine bottle label does not match physician's orders.</p> <p>Label on bottle of Amlodipine states, "Amlodipine Besylate 5mg tab Take 1 tablet by mouth at bedtime. Hold if systolic less than 110". However, physician's order on 1/23/2020, 2/12/2020, 6/19/2020, and 7/14/2020 states, "Amlodipine 10mg 1 tab PO daily. Hold if SBP <110".</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Doctor corrected already, match the physician's order and the Amlodipine bottle label. Enclosed the physician's order.</i></p>	<p><i>10/5/20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 – Amlodipine bottle label does not match physician's orders.</p> <p>Label on bottle of Amlodipine states, "Amlodipine Besylate 5mg tab Take 1 tablet by mouth at bedtime. Hold if systolic less than 110". However, physician's order on 1/23/2020, 2/12/2020, 6/19/2020, and 7/14/2020 states, "Amlodipine 10mg 1 tab PO daily. Hold if SBP <110".</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency in the near future, I will post a reminder to make sure that each medication bottle label matches the physician's orders.</i></p>	<p>10/5/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order on 7/14/2020, states, “Amlodipine 10mg 1 tab PO daily. Hold if SBP <110”. However, blood pressure readings unavailable for the month of July 2020 and on the following days: 9/11/2020, 9/12/2020, and 9/13/2020; yet medications were still administered.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order on 7/14/2020, states, "Amlodipine 10mg 1 tab PO daily. Hold if SBP <110". However, blood pressure readings unavailable for the month of July 2020 and on the following days: 9/11/2020, 9/12/2020, and 9/13/2020; yet medications were still administered.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the near future, to prevent this deficiency from happening in the future, I will post a reminder to make sure to document blood pressure readings before administering medication. I will keep a log of blood pressure readings in my resident binder.</i></p>	<p>9/15/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications in monthly progress notes were unavailable from 12/2019 through 8/2020.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	Completion Date
<p>Y?</p> <p>YOU</p> <p>emergency te and cafione 2 for argue nt</p>	9/30/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident reports unavailable for a change in resident's condition on 12/24/2019 and 7/2/2020, both requiring 911 assistance and hospitalization.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident Emergency Information sheet incomplete and not up-to-date.</p> <ul style="list-style-type: none"> • Medications missing: Omeprazole, Miralax • Missing diagnoses: CKD stage 3, asthma • Missing past medical history: GI bleed • Missing diet order • Allergies state, "NKA". Allergic to penicillin. • TB clearance outdated <p>Submit updated and completed Resident Emergency Information sheet with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by ensuring that my resident emergency information sheet is complete and up to date, including all medications, diagnoses, past medical history, diet order, allergies, TB clearance. Enclosed the up to date Resident Emergency Information.</i></p>	<p>9/30/20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident Emergency Information sheet incomplete and not up-to-date.</p> <ul style="list-style-type: none"> • Medications missing: Omeprazole, Miralax • Missing diagnoses: CKD stage 3, asthma • Missing past medical history: GI bleed • Missing diet order • Allergies state, "NKA". Allergic to penicillin. • TB clearance outdated <p>Submit updated and completed Resident Emergency Information sheet with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the near future to prevent this deficiency from happening again, I will make a post reminder that each resident's emergency information sheet is up to date and completed, it includes medications, diagnoses, past medical history, diet orders, allergies, and TB clearance.</i></p>	<p>9/30/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan states, “Call RN case manager to report if SBP <100 or >160, if DBP is <50 or >100, and/or if pulse is <60 or >100”. No documentation case manager was contacted for the following BP readings:</p> <ul style="list-style-type: none"> • 9/21/2019 – 90/60 • 10/1/2019 – 90/60 • 10/14/2019 – 90/60 • 4/1/2020 – 90/50 • 4/9/2020 – 98/60 • 5/4/2020 – 98/60 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Resident hospitalized on 12/25/2019-12/28/2019 and 7/2/2020-7/6/2020 for urinary tract infections (UTIs). Care plan not updated to address UTIs. Submit a copy of updated care plan with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Care manager, RN provide the care plan for urinary tract infection. Enclosed the urinary tract infection care plan.</i></p>	<p><i>10/05/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><u>FINDINGS</u> Resident #1 – Case manager did not provide any training/delegation to SCG #1. However, SCG #1 providing care to resident.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Case Manager, RN already delegates and train SCG #1 for providing care to residents.</i></p>	<p><i>10/5/20</i></p>

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Licensee's/Administrator's Signature: Rosario Gomez
Print Name: Rosario Gomez
Date: 11/5/20